Improving Patient Satisfaction
for Providers

BlueCross BlueShield of South Carolina and BlueChoice HealthPlan of South Carolina

Independent licensees of the Blue Cross and Blue Shield Association

Provider Relations and Education

CAHPS SURVEY: WHAT DO YOUR PATIENTS REALLY THINK ABOUT YOU?!

TECH TIPS TO BOOST PATIENT ENGAGEMENT

Getting to Know BlueCross' Quality Standards

BlueCross BlueShield of South Carolina was created with a vision to give the average citizen access to health care.

Today, more South Carolinians have health insurance — but many find that rising medical costs threaten their access to high-quality care. This calls for creativity, collaboration and community effort. Our goal is to work collaboratively with physicians and hospitals to advance the tenets of the Triple Aim — significantly improve population health, improve the patient experience of care and reduce per capita health care costs. Through our joint efforts to reorganize systems of care, we are working to align incentives to support evidence-based care, share best practices and improve overall health outcomes. We know that collaboration with the medical community leads to better long-term quality of life for our members and a more cost-effective health care system. Physicians have an integral role in promoting access to care services for their patients.

Access to Care Standards

Let your patients know they can get the care they need, when they need it. BlueCross and our contracting physicians are committed to meeting these standards to provide the best service possible.

BlueCross Member Rights and Responsibilities

To promote effective health care, BlueCross fosters relationships of mutual respect and cooperation between our members and health care providers. Clearly defining the rights and responsibilities of our insured members encourages a spirit of understanding and cooperation between our members, our providers and our health plan.

Primary Care Standards

BlueCross has established Facility, Medical Records and Preventive Health Standards so that your patients know they can get the quality care they need. BlueCross and our contracting physicians are committed to meeting these standards.

How Care Coordination Improves Patient Satisfaction

Care coordination is fundamental to the Affordable Care Act goals of improving the quality of care for individual patients and populations. The growing complexity of providing care, increasing numbers of patients with chronic disease, and exploding health care costs highlight the need for improved care integration through the efficient and effective use of resources without increasing expenditures. Care coordination is also a key aspect in the evolution of Accountable Care Organizations (ACOs) looking to integrate accountability, incentives and quality measurement.

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The Benefits of Care Coordination

The benefits of care coordination extend not only to patients, but also to physicians, payers and all components of a health care system. For a wide variety of settings and diverse patient populations, the results of effective care coordination are notably similar for both the patient and the system:
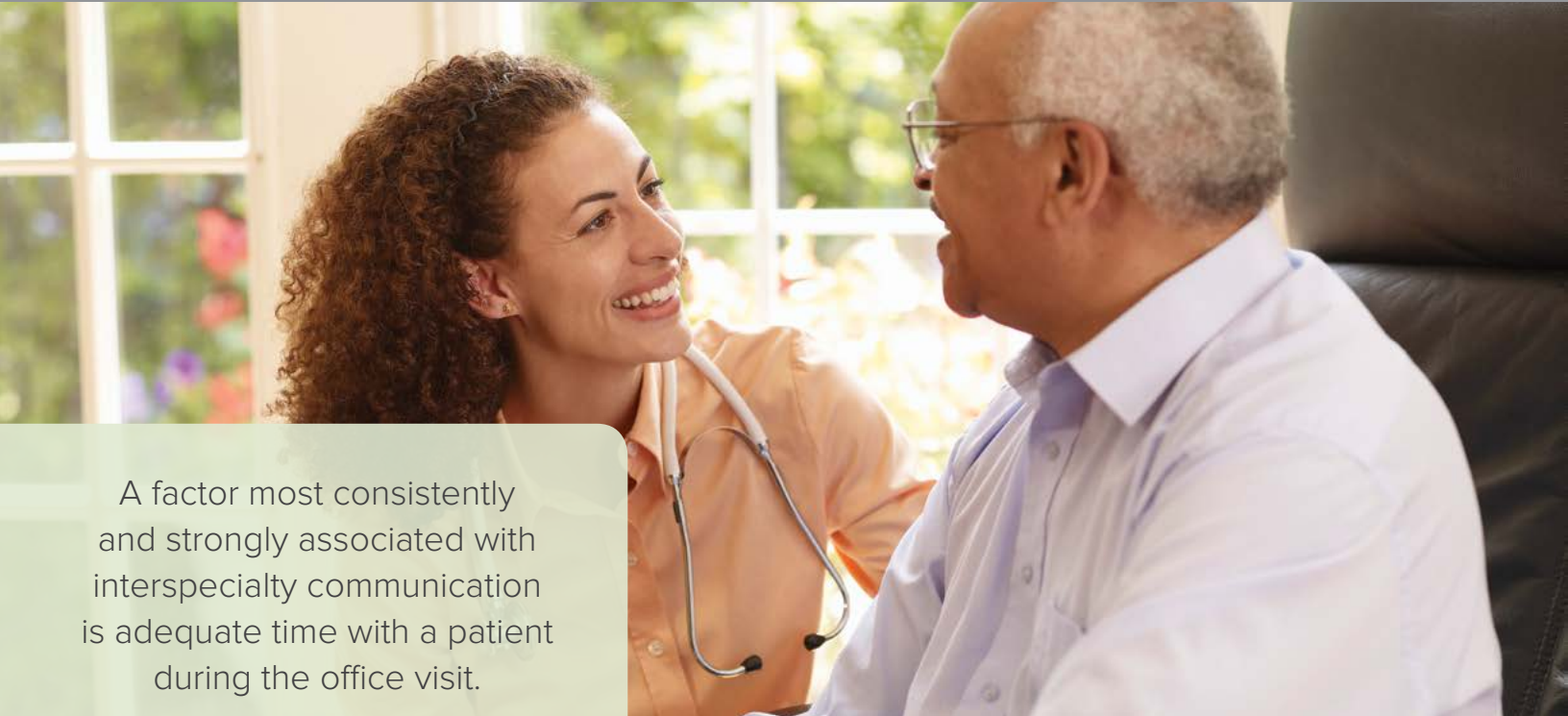
- Improved overall patient satisfaction

- Improved quality of care

- Improved clinical outcomes and reduced costs

- Fewer readmissions and significant increases in survival

- Fewer unnecessary emergency department visits and hospitalizations

- Reduced inpatient and overall charges

- Significant decreases in medication costs

A Physician Engagement Opportunity

Gaps in communication across care sites undermine care coordination and integration. This fragmentation leads to higher costs and lower patient and provider satisfaction due to additional episodes and additive redundancies. An effective care coordination plan gives physicians the communication they need to excel — and keeps patients satisfied by delivering the information and care they need to get well.

Improving Both Patient and Physician Satisfaction

Physician satisfaction is the foundation for patient satisfaction, so coordination of care and the improved communication that results increase both patient and physician satisfaction.

A factor most consistently and strongly associated with interspecialty communication is adequate time with a patient during the office visit.

Coordinating Care

The Institute of Medicine has identified care coordination as one of the key strategies for improving the effectiveness and efficiency of the health care system. Of great importance is interspecialty communication: successful communication between primary care physicians (PCPs) and specialists that supports greater patient outcomes and satisfaction.

Historically, interspecialty communication regarding referrals and consultations has often been inadequate, with negative consequences for patients. However, there are factors that can improve interspecialty communication — and as a result, patient outcomes and physician satisfaction: longer patient encounter time, care management reporting, and health information technology (HIT) adoption.

Patient encounter time

A factor most consistently and strongly associated with interspecialty communication is adequate time with a patient during the office visit. Care coordination requires PCPs who refer patients to specialists to communicate timely, relevant patient information and the reason for the referral. Likewise, specialists must communicate findings and recommendations back to the PCP.

PCPs are more likely than specialists to believe that they do not have adequate time to spend with patients during office visits. This likely occurs because of the complex nature of primary care, which involves longstanding care over time and coordination of a patient's care across various conditions. An increase to administrative functions (e.g., health plan prior authorizations) and dwindling reimbursements can create pressures for physicians to see more patients. This decreases the time available for effective communications regarding referrals and consultations during and after the visit. With longer encounter time, the physician and staff can focus more completely on the patient's needs, which may include initiating referral and consultation communication and retrieving reports from other physicians.

Practices with an on-site care coordinator who worked with PCPs and their patients with chronic conditions had improved coordination and were cost neutral. Having a nurse care manager resulting in greater interspecialty communication may reflect efforts by the nurse to reach out to other practices to obtain referral or consultation letters. Even in primary care practices that lack nurse care managers, having non-physician staff educate patients with chronic conditions was beneficially associated with the sending of reports from one practice to another.

Quality reporting

There is a positive association between receipt of quality reports regarding patients with chronic conditions and interspecialty communication regarding referrals and consultations. Such feedback may help identify and close gaps in care and spur physicians to communicate with others also caring for patients. Practices that generate quality reports may also have cultures or mechanisms to facilitate referral and consultation reports or follow-up when communications are not received. Given the positive association between quality report receipt and interspecialty communication, increased attention to providing specialists with such quality reports can be beneficial. In addition, incorporating interspecialty communication measures into these reports might help improve coordination.

Meaningful HIT use

Three HIT tools are most relevant to coordination: the use of an electronic medical record (EMR); routine HIT use by the physician for accessing patient notes, problem lists and medication lists; and the use of HIT to exchange clinical data with other physicians. There is a positive association between HIT use and sending or receiving information among specialists — but not among PCPs. This may the case because specialists are more likely to work in large or institutional settings that have HIT readily available. In the typical outpatient setting, the lack of an integrated, current EMR design limits the extent to which primary care and specialty practices can use present-day EMRs for communication.

Efforts to improve coordination should address the low rates of interspecialty communication regarding referrals and consultations. Adequate patient-physician time, receiving quality reports, and HIT interoperability may help advance the communication that is critical to care coordination and the success of policy efforts to improve it.

Did You Know?

Primary care physicians are more likely than specialists to think that they do not have adequate time to spend with patients during office visits. *(Physician and Practice Characteristics, Health System Change Physician Survey 2008)*

The average primary care face-to-face visit lasts 10.7 to 18.7 minutes, depending on the assessment method. *(Gottschalk AFlocke SA Time spent in face-to-face patient care and work outside the examination room. Ann Fam Med 2005;3 (6) 488- 493)*

Tips for Improving Practice Efficiency and Patient Satisfaction

When a practice's initial success began to fade, the physicians and staff had to rethink "business as usual."

A thriving private practice in a small, rural town began to see its profit margin grow slimmer due to competing health care providers and reimbursement stagnation. The physicians decided it was time to refocus on two critical components for every practice: efficiency and patient satisfaction. To develop strategies for improvement, they focused on long-standing and recent problems, both clinical and administrative, that were hindering the practice's success. These strategies helped them jump-start improvement processes and rejuvenate the practice.

Capitalize on nurses' capabilities

An efficient doctor starts with an efficient nurse — preferably one who is familiar not only with the doctor but also with the doctor's patients. For example, a nurse who knows that Mrs. Smith usually brings a list of problems to address during each office visit can help Mrs. Smith to prioritize these issues before the physician enters the room. If necessary, the nurse can gently remind Mrs. Smith that visits must be focused on two or three issues, and others must be saved for a future appointment.

To make the most of the doctor's short time with patients, protocols were created that enable nurses to perform certain tests before the doctor enters the exam room. Some of those tests include fasting lipid panels for cholesterol follow-up, A1Cs for diabetes monitoring, pregnancy tests for amenorrhea, urinalysis for UTI symptoms, ECGs for chest pain, rapid strep tests for sore throat with fever, mini mental status examinations for complaints of memory loss, and Zung scale assessments for depressive symptoms. These protocols save a lot of time, giving the physician more time with the patient, rather than seeing the patient, leaving the room to order tests and then returning with the results.

Nurses also look over the physicians' daily schedules the evening before or first thing in the morning and make adjustments when needed to prevent the office from running behind. Nurses are able to identify in advance one or two patients that can be rescheduled. Because of this foresight, patients are accommodating and happy to know there might be a better time when they would have a shorter wait. When appointment times can't be changed in these situations, nurses can forewarn patients to expect a delay.

Offer patient-friendly scheduling

To improve accessibility to patients, consider following a modified wave schedule with elements of open access. This allows you to schedule chronic appointments as far out as needed, but keep plenty of acute care appointments open for patients who want to be seen the same day they call. Patients will appreciate getting to see their own physician when needed.

Schedule acute care appointments intermixed with chronic care appointments and physicals at the top of the hour. Schedule the rest of the hour more lightly to allow for catch-up time. Patients might have a slightly longer wait (about 20 minutes) than in a traditional schedule, but the average wait time for all patients is kept to a minimum. If you get behind, have the front office staff update the patient every 10 minutes. Patients are more tolerant of delays if they know the reason for the delay — and that they haven't been forgotten.

Another ideal appointment option is to implement evening hours, seeing the last patient no later than 8 p.m. Because it is sometimes difficult for employees to leave work early for routine appointments, your patients will appreciate evening hours. As a trade-off for the long day, the nurse and office staff that work during the evening shifts can leave after lunch the next day. This arrangement can increase satisfaction all around.

Stay on top of patient information

An electronic health record (EHR) system can help manage patient data and produce current, accurate reports that help you take better care of your patients. You will be able to generate recall letters for annual physicals and diabetes follow-up visits, and produce a list of patients taking a certain medication in the event that the medication is withdrawn from the market. These capabilities help manage patients' health more actively.

Implement clear payment guidelines

To minimize lost revenue, have a staff member verify online all insurance eligibility, copays and deductibles prior to patient visits. If there is any doubt as to a patient's insurance status, ask to see the patient's insurance card at check-in. Often there has been a change the patient is unaware of or has not disclosed.

When appropriate, address any outstanding balance so that fees can be collected prior to the appointment rather than afterward. You are more likely to receive payment this way. If the amount due is significant, the patient can discuss payment arrangements with staff in a private office.

Be responsive to patients' needs

Consider adding several other features to your practice that let patients know you value them and the opportunity to care for them. Employ bilingual physicians, and recruit and train bilingual-speaking nurses and front office staff to make an ESL (English as Second Language) patient population comfortable in your practice. This in turn can help produce a steady stream of new patients.

Additionally, establish a website that lets patients view and download new patient information forms, get directions to the office, see photos of physicians and learn about after-hours appointments, prescription refill procedures, etc. Incorporate the capability to receive prescription refill requests and other messages from patients by email and/or text messaging, which will further enhance practice efficiency.

What these tips mean for your practice

As growing numbers of patients become savvy consumers and feel less loyal to particular physicians and practices, it is imperative to provide excellent care and service to make them want to return. The tips in this article are not difficult to implement, and they can produce results that will go a long way toward greater efficiency and patient satisfaction. Your patients set the bar high; your practice should meet their expectations.
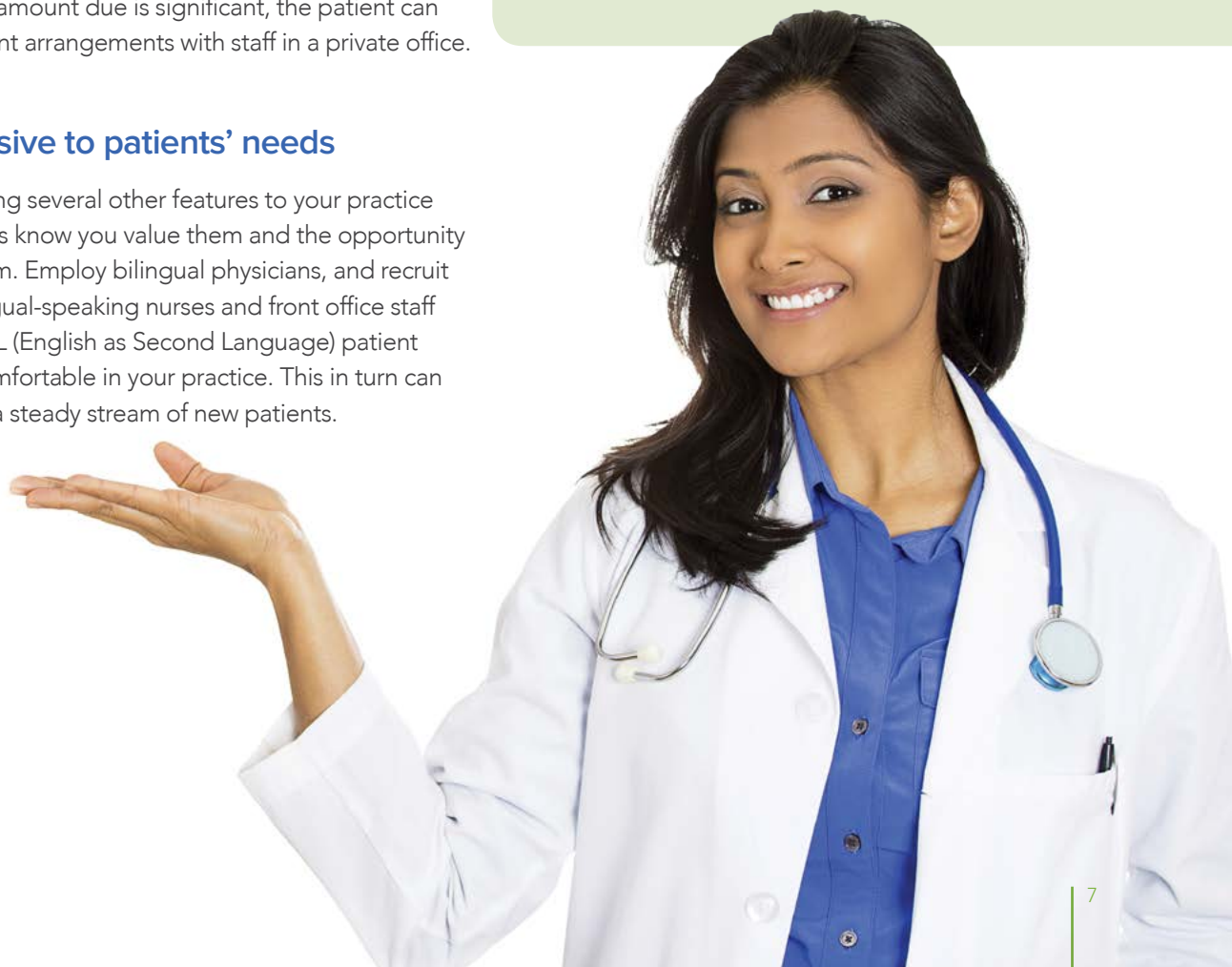
Making Your Office Patient-Centric

Want to show your patients how much you value them? Here are ways your office can make a positive impression on your patients.

Accessibility

Is your practice accessible to patients, including the disabled? Make sure there is a ramp or other entrance to your office that is accessible by wheelchair or walker. Have a wheelchair-accessible bathroom as well, with grab bars and raised toilet seats.

Is your flooring free of rugs or seams that would be difficult or dangerous for patients in wheelchairs or using walkers or crutches? Other ways to more your office more accessible include widening doors, repositioning shelves, removing high-pile carpeting, and rearranging tables, chairs and other furniture. These things can help people with mobility and visual impairments navigate within the office. Consider adding raised and Braille markings on elevator control buttons and other important signage if appropriate. (For more info, visit www.medicaleconomics.modernmedicine.com.)

The Waiting Room

View your waiting room through the eyes of a patient. Patients use physical, tangible cues to perceive the level of quality they receive. And that starts in your waiting room.

Office decor and style should be modern and up-to-date. Reading materials – including educational materials – should be well-organized, neat and recent. Make it a task in your office to remove any magazines that are more than two months old and/or have been used so much that the corners are worn.

Look at the overall cleanliness of your waiting area. Is it time to update or remove the carpeting in

the area? Is there adequate, natural lighting in the room? Remember, there is a captive audience sitting in that room with nothing better to do for 10 to 15 minutes than to make observations about your office. Make sure what they see reflects who you are and the level of quality they should expect from you.

Your waiting room should have ample seating to accommodate all patients waiting for an appointment and guests. Look at your furniture layout and see if it facilitates eye contact between guests that are talking with each other. More progressive offices are providing Wi-Fi Internet access to guests for

an effective way to ease the wait. Lastly, make sure that there are only neutral odors in the area.

Examination Room Environment

As your patient is being led to the examination area, make certain that halls are free of items that can be a safety threat. Corridors or exits should not be blocked.

Exam room waits afford patients a lot of time with very little to do but to observe the environment around them. Patients will evaluate the cleanliness of the exam room and whether or not they can hear activities in adjacent rooms. Consider providing a health profile or some self-assessment diagnostic tool for the patient during the exam room wait time. Exam rooms and restrooms with doors or other types of barriers help maintain the patient's right to privacy. Work to minimize the amount of time the patient is left undressed or partially undressed in the room.

Remember that first impressions are lasting ones. Be sure that the environment you've created for your patients is purposeful and intentional. It will let your patients know that you value their physical environment as much as the actual care you provide.

Maximize Your Patient Portal

A patient portal or secure electronic communications is an effective way to boost patient engagement and accountability, achieve positive patient satisfaction, and improve practice efficiency. Follow these suggestions to get the most benefits from your patient portal.

Meet Patient Priorities

Make gaining access to information in the portal easy. Patients need to be able to:

- Request a service through the portal (make an appointment, refill a prescription, obtain a referral)

- Get information about their health, either by asking their physician a question or reviewing information

- Submit information or data that the practice requests.

Both the patient and practice will save time if the patient can enter information directly into the portal — as discreet data imported into the EHR — before his or her appointment.

Allow patients to submit their questions via email. The practice staff should follow-up these requests via email; otherwise the patient might feel that calling the office is a more direct method of communication. If an email response is not appropriate, you can still send an email requesting a time when the patient will be available to discuss the matter further.

Allow patients to review medical information (i.e. test results, diagnostic reports, problem lists, medication list, progress notes, health maintenance summaries). Let them get copies of the information that they or their designated family members can easily understand. Encourage patients to report hospital admissions and emergency room visits, and provide an easy selection option when they access the portal. This should create an alert for the practice to make a personal follow-up with the patient, while also allowing the practice to contact the hospital for further information.

Integrate the portal into practice workflow

Assign staff to respond promptly to email inquiries, upload patient information on a timely basis if the EHR does not automatically link the information, and monitor the status of the appointment schedule. One of the easiest ways to discourage patients from using the portal is to delay your response to the patient. Follow up patient phone calls with an email that contains the link to the patient portal. When the patient opens the link, he or she will see the follow-up information, which could include upcoming appointments, forms to be completed for new patient visit, test results, or health maintenance information discussed during phone call.

Identify patients who will most benefit from portal use

Examine your patient panel and identify those who can most benefit from the portal. Personally contact each and ask to spend time with them or their caretaker to discuss portal use. Initially this may seem time consuming, but when done correctly, the practice benefits are significant and far outweigh the cost of time spent introducing the portal.

Tips to Promote the Portal

Use it. Incorporate portal use into routine practice workflow.

Develop a "Use Your Portal" script for employees. Staying on script means your patients receive consistent verbal messaging about the portal's benefits. Have noticeably available employee(s) in the practice who can work one-on-one with a patient to sign up or answer any questions about the portal.

Place visually attractive notices around the office (at check-in, check-out, exam rooms, reception areas) that promote the portal.

Mention the portal in all new patient information materials.

Insert "stuffers" with statements and other paper communications you send to patients.

Highlight the benefits of using the portal when you meeting with patients and/or caretakers.

Emphasize the benefits for the caretaker in practices with an older patient population or when providing extensive treatments.

Evaluate portal use and modify practice operations

Identify patients who will most benefit from the service and promotion, and then step back and evaluate how your efforts are working.

Have people outside the practice test the portal's navigation to ensure it is intuitive and easy to use for patients young and old, healthy or suffering from serious conditions. Compare the portal's navigation with other patient e-information systems for payers and hospital systems, and make changes as needed.

Contact your EHR vendor if you have questions about customizing your portal.

How CAHPS Identifies Opportunities for Physician Care Improvement

BlueChoice HealthPlan sends out the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) survey to its members every year. This survey gives members an opportunity to share their perceptions about the quality of care and services they receive from network physicians. All plans that undergo accreditation review by the National Committee for Quality Assurance (NCQA) use CAHPS.

This chart compares 2014 results to 2013. The column on the far right shows the percentiles BlueChoice® achieved when compared to all other plans across the country. BlueChoice's goal is to achieve at least the 75th percentile in every rating category.

As you review these results, we encourage you to focus on ways to address those areas in your own practice that may have room

for improvement. Addressing those areas will help our members and your patients have positive experiences that meet their medical needs and ensure their satisfaction with the quality of services you provide.

Survey Question	2013	2014	Trend	2014 Percentile Achieved
Rating of Physician				
Rating of Personal Doctor	79%	87%	5	85%
Rating of Specialist Seen Most Often	75%	85%	5	85%
Rating of All Health Care provided in past 12 months	69%	77%	5	78%
Getting Care Quickly				
Got appointment for urgent care as soon as needed	81%	91%	5	90%
Got appointment for check-up or routine care as soon as needed	79%	85%	5	84%
Got help or advice needed when calling doctor after regular office hours	80%	—	—	—
Doctor's Communication with Patients				
How often personal doctor explained things under-standably to you	86%	95%	5	96%
How often personal doctor listened carefully to you	89%	93%	5	95%
How often personal doctor showed respect for what you had to say	89%	96%	5	96%
How often personal doctor spent enough time with you	85%	92%	5	93%

The source for data contained in this report is Quality Compass® 2013 and is used with the permission of the National Committee for Quality Assurance (NCQA). Quality Compass 2013 includes certain CAHPS® data. Any data display, analysis, interpretation or conclusion based on these data is solely that of the authors, and NCQA specifically disclaims responsibility for any such display, analysis, interpretation or conclusion. Quality Compass is a registered trademark of NCQA. CAHPS® is a registered trademark of the Agency for Healthcare Research and Quality (AHRQ).

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